

**Catawba County Emergency Medical Services
Health Insurance Portability and Accountability Act Policy and Procedure**

Patient Request for Access to PHI Form

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security No.: _____

Patient Rights: As a patient, you have the right to access, copy or inspect your PHI, request an amendment to your PHI, request an accounting of the uses and disclosures of PHI for the last six (6) years prior to the date of the request but not earlier than July 2003 from Catawba County EMS, and to request restrictions on the uses and disclosures of your PHI. Catawba County EMS is not required to agree to any restriction, however any restrictions agreed to by Catawba County EMS are binding on Catawba County EMS.

Please indicate your request.

_____ Access/Review of information

_____ Copied information

_____ Access or Review/Request for Amendment followed

_____ Access or Review/Request for Accounting followed

_____ Access or Review/Request for Restrictions followed

Signature _____ *Request Date* _____